



ISDH Hospital Service Report  
State Form 49476 (R /7-02)  
IC 16-21-6

Status: Finalized

I. Hospital Information

Hospital Name: RIVERVIEW HOSPITAL

Provider #: 15-0059

City: Noblesville

County: Hamilton

Year: 2017

Person Completing the Report: Jayna Friend

Email Address: jfriend@riverview.org

LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure:  Acute License  LTC Certification

Private Accreditation:  JCAHO  HFAP

CMS Specialized Hosp:  CAH  TLC  Rehab

DRG Exempt:  Psych  Rehab  Swing Bed

Number of Total Hospital Full Time Equivalents 1049

II. Hospital Service Utilization

| Hospital Service Description | Number of Set-up Beds | Number of Discharges | Number of Patient Days | Annual Total Charges |
|------------------------------|-----------------------|----------------------|------------------------|----------------------|
| Burn Care                    | 0                     | 0                    | 0                      | \$0                  |
| Cardiac Intensive            | 0                     | 0                    | 0                      | \$0                  |
| ICU Medical/Surgical         | 15                    | 241                  | 2235                   | \$0                  |
| ICU Neonatal                 | 0                     | 0                    | 0                      | \$0                  |
| ICU Pediatric                | 0                     | 0                    | 0                      | \$0                  |
| Medical/Surgical             | 64                    | 2956                 | 10354                  | \$0                  |
| Neonatal Intermediate        | 0                     | 0                    | 0                      | \$0                  |
| Normal Newborn               | 24                    | 582                  | 1412                   | \$0                  |
| Obstetrics                   | 25                    | 596                  | 1459                   | \$0                  |
| Pediatric                    | 4                     | 10                   | 26                     | \$0                  |
| Psychiatric                  | 0                     | 0                    | 0                      | \$0                  |
| Rehabilitation               | 24                    | 458                  | 5489                   | \$0                  |
| Substance Abuse              | 0                     | 0                    | 0                      | \$0                  |
| Swing Bed Program            | NA                    | 0                    | 0                      | \$0                  |
| Extended Care                | 0                     | 0                    | 0                      | \$0                  |

|                    |     |      |       |     |
|--------------------|-----|------|-------|-----|
| Observation Beds   | 0   | 0    | 0     | \$0 |
| All Other Services | 0   | 0    | 0     | NA  |
| Total Acute        | 156 | 4843 | 20975 | NA  |

### III. Nursing Facility Utilization

|                  | Number of Licensed Beds | Number of Discharges | Number of Patient Days |
|------------------|-------------------------|----------------------|------------------------|
| Nursing Facility | 25                      | 322                  | 4145                   |

### IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

| Diagnostic Categories | Number of Encounters | Diagnostic Categories | Number of Encounters |
|-----------------------|----------------------|-----------------------|----------------------|
| Infectious Disease    | 0                    | HIV                   | 0                    |
| Neoplasms             | 00                   | Endocrine             | 0                    |
| Diseases of Blood     | 0                    | Mental Disorders      | 0                    |
| Nervous               | 0                    | Circulatory           | 0                    |
| Respiratory           | 0                    | Digestive Diseases    | 0                    |
| Genitourinary         | 0                    | Pregnancy             | 0                    |
| Skin                  | 0                    | Musculoskeletal       | 0                    |
| Congenital            | 0                    | Perinatal             | 0                    |
| All Injuries          | 0                    |                       |                      |
| Other/Known           | 0                    | Total Encounters      | 0                    |

### V. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-10-CM Diagnostic Categories

| Diagnostic Categories   | Number of Encounters | Diagnostic Categories                               | Number of Encounters |
|---|----------------------|---|----------------------|
| Certain infectious and parasitic diseases   | 975                  | HIV   | 12                   |
| Neoplasms   | 5421                 | Endocrine, nutritional and metabolic diseases       | 22461                |
| Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism | 4305                 | Mental, Behavioral and Neurodevelopmental disorders | 1522                 |
| Diseases of the nervous system  | 3032                 | Diseases of the circulatory system                  | 17843                |
| Diseases of the eye and adnexa  | 420                  | Diseases of the ear and mastoid process             | 558                  |
| Diseases of the respiratory system  | 6016                 | Diseases of the digestive Diseases                  | 3546                 |
| Diseases of the genitourinary system  | 8520                 | Pregnancy, childbirth and the puerperium            | 1647                 |
| Diseases of the skin and  | 2875                 | Diseases of the                                     | 14977                |

|  |       |  |        |
|--|-------|--|--------|
| subcutaneous tissue  |       | musculoskeletal system and connective tissue           |        |
| Congenital malformations, deformations and chromosomal abnormalities | 210   | Certain conditions originating in the perinatal period | 317    |
| Injury, poisoning and certain other consequences of external causes  | 7426  |  |        |
| Other/Known  | 56705 | Total Encounters                                       | 158788 |

| Total ED Visits | ED Injury Visits | ED Injury Admissions |
|-----------------|------------------|----------------------|
| 22683           | 4915             | 176                  |

Comments

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